Early and Periodic Screening Diagnosis and Treatment

MIHS-HP expects PCPs who provide care for Maricopa Health Plan and Maricopa Long-Term Care Plan (Title XIX) members under 21 years of age to provide Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services. The EPSDT program is federally mandated for all Medicaid members under age 21 to ensure basic standards of care, including regular well-child screenings. KidsCare (Title XXI) members under age 19 have the same EPSDT benefits as the Title XIX EPSDT members under age 21. The EPSDT Program also offers an expansive medically necessary treatment package for members who require these services. All routine services are specified in the AHCCCS Periodicity Schedule. EPSDT screenings include, but are not limited to a comprehensive health history, a nutritional screening, a developmental/behavioral health screening, a comprehensive unclothed physical examination, appropriate vision and hearing testing, laboratory tests, immunizations, an oral health screening and health education and anticipatory guidance.

Acute Care Indicators:

Acute Care Indicators (ACIs) are specific preventative care services that AHCCCS measures the performance of each health plan on by using claim data. Every ACI has a contractual performance standard Maricopa Health Plan (MHP) pledges to meet or exceed. Only MHP members who are continuously enrolled at least 11 of 12 months of the AHCCCS Contract Year are included in the measurement. MIHS-HP is committed to being the pre-eminent health plan of choice for AHCCCS and KidsCare Members. To achieve this goal, MIHS has put increased focus on improving Maricopa Health Plan's performance on all the AHCCCS Acute Care Indicators. EPSDT is responsible for the following Acute Care Indicators for members:

- **Well Child Care 0-15 Months Old 6 or More Visits**
  AHCCCS Goal: 64% Healthy People 2010 Goal: 90%

  This ACI measures the percentage of MHP children who have 6 or more well child visits by age 15 months. **Providers must use the V20.2 ICD-9 Code along with the appropriate CPT-4 Code for visits to receive credit from AHCCCS towards this ACI.**

- **Well Child Care Visits Ages 3, 4, 5 and 6 Years Old**
  AHCCCS Goal: 64% Healthy People 2010 Goal: 80%

  This ACI score is the Annual performance report from encounter/claims data for MHP children continuously enrolled with at least 1 well child visit

per year for members who are 3, 4. 5 or 6 years old. **Providers must use the V20.2 ICD-9 Code and the appropriate CPT-4 Code for the visit to be credited by AHCCCS towards the ACI.**

- **Well Care Visits for Adolescents**
  AHCCCS Goal: 49% Healthy People 2010 Goal: 50%

  MHP's score on this ACI is based on a 2-Year study period using encounter/claim data. MHP member's age's 11-20 years old who are continuously enrolled with at least 1 well child visit count towards this ACI goal. **Providers should use the V70.0 ICD-9 Code plus the correct CPT-4 Code for the visit to be credited by AHCCCS.**

- **Children's Access to PCP**
  AHCCCS Goal: 80% Healthy People 2010 Goal: 97%

  This indicator measures the combined percentage of Title XIX members birth through age 20 and the number of Title XXI KidsCare members birth through 18 years of age who had at least 1 visit with a health plan PCP. **For MHP to receive AHCCCS credit for this ACI the PCP should use a V20.2 ICD-9 Code for members birth-11 years old and the V70.0 ICD-9 Code for 12-20 year olds as well as the appropriate CPT-4 Code.**

- **EPSDT Participation**
  AHCCCS Goal: 80% Healthy People 2010 Goal: 80%

  The participation rate is the number of children younger then 21 years old receiving at least one medical screen during the contract year, compared to the number of children that should be screened based on the Periodicity Schedule. **PCPs please use the same coding that is identified above in the Children's Access to PCP section for MHP to receive credit for the preventative care service on this ACI.**

- **Dental Preventative Care and Treatment**
  AHCCCS Goal: 55% Healthy People 2010 Goal: 56%

The performance on this ACI is based on the annual claims report from AHCCCS for a dental screening visit or treatment visit, or both combined for MHP members who are continuously enrolled and between the ages of 3-20.
Dentists must use the V72.2 Dental Exam Code along with the appropriate Dental Procedure Code (Diagnostic: 0100-0999, Preventive: 1000-1999) for AHCCCS to credit a Preventive exam.

Dental Treatment services should be coded with the appropriate procedure class code (2000-9999) and the ICD-9 Code for the treatment service provided.

A $10 Dental Incentive is available once per year for MHP members 3-20 years old who have an annual dental exam. Appropriate members are sent a Dental Outreach mailer during their birthday month encouraging participation in the Incentive Program. To receive the gift the member should be seen by an MIHS-HP contracted Dentist and send in the completed Dental Incentive Application (signed by the Dental Provider or Office Manager) to:

EPSDT Dental Outreach Worker
Maricopa Integrated Health System-HP
2502 E. University Drive, # 125
Phoenix, Arizona 85034

If you have any questions about the Dental Incentive Program please call the EPSDT Coordinator at 602-344-8311 or the Dental Outreach Worker at 602-344-8863.

- **Immunization Completion Before the Second Birthday**
  AHCCCS Goal: 82% Healthy People 2010 Goal: 90%

  Each year AHCCCS randomly selects several hundred 2-Year Old MHP and KidsCare children who were continuously enrolled during the Contract Year for MIHS-HP to audit to determine the health plan's immunization completion rates. Vaccines given after the second birthday are not credited by AHCCCS for audit purposes.

Immunizations to prevent childhood illnesses are to be given according to the current Recommended Childhood Immunization Schedule. MIHS-HP requires PCPs to participate in the Vaccines for Children (VFC) program administered by the Arizona Department of Health Services (ADHS). Because the vaccines are made available to PCPs without charge by VFC, providers can only bill for the administration of the vaccine, not the vaccine

itself. **By State law Providers must report immunizations that have been administered to the ADHS Arizona State Immunization Information System (ASIIS) Program electronically or by other method agreed to by ASIIS.** Providers cannot use the CPT Codes of 90471 or 90472 for VFC vaccines. However, PCPs must bill the CPT Codes for the immunization with the AHCCCS specific "VA" modifier that identifies the immunization as part of the VFC program. In past years the 2-Year Old AHCCCS Immunization Audit has been done by ASIIS download and supplemental chart audit, however future audits will be done by ASIIS data search only.

For MIHS PCPs/Clinics: In order to get an administered vaccination reported into ASIIS, the PCP must mark the appropriate code for the antigen provided on the Encounter Tracking Form. The billing data entry staff must then enter the correct code into the charging system to report the data into the ASIIS System.

For Expanded Network Providers: Please contact the PC-Immunize Help Line at
1-877-491-5741 for more information on how to best report the immunizations administered at your office to ASIIS.

MIHS-HP offers a $25 Immunization Incentive gift to MHP and Maricopa Long Term Care Plan (MLTCP) members who receive all required immunizations before they turn two years old. This is a one-time offer per child in the eligible age range (15 to 24 months old). When all the AHCCCS mandated immunizations are completed, please fax a copy of the child's immunization record to the MIHS-HP EPSDT Coordinator at 602-344-8909, or the member's parent can mail a copy of the immunization record to:

EPSDT Coordinator
Maricopa Integrated Health System-Health Plan
2502 E. University Drive, # 125
Phoenix, Arizona 85034

MIHS-HP may request contracted providers to participate in a chart review of immunizations either as part of the Annual AHCCCS Immunization Audit or for Quality Management purposes. MIHS-HP staff will contact the selected provider(s) in advance and arrange a mutually convenient time to review charts. MIHS-HP is committed to successfully raising the immunization rates of Arizona children.

The most current immunization information is included in the Provider Manual as well as the Periodicity Schedules for dental vision, hearing and speech. **AHCCCS requires PCPs to use EPSDT Tracking Forms, and these forms have also been included in the Provider Manual for your reference.** Please copy the Tracking Forms as needed.

Important Provider Information on Special EPSDT Issues

Medially Necessary Treatment Services

Some medically necessary treatment services for EPSDT members must be requested and approved by the health plan's Prior Authorization Unit per MIHS-HP policy. Examples of such procedures include but are not limited to:

- Supplemental Nutritional Feedings-when determined by MIHS-HP as medically necessary under the AHCCCS guidelines.
- Cochlear Implants- per the MIHS-HP Prior Authorization Protocol for members who meet the medically necessary criteria established by AHCCCS.
- Restorative Dental Procedures
- Therapies: OT, PT and Speech

Please refer to the Prior Authorization Section of the Provider Handbook for specific details. Outside Service Requests (OSRs) for services that need Prior Authorization should be faxed to Medical Services at 602-344-8706.

Arizona Early Intervention Program (AzEIP)

Providers should request all medically necessary treatment services for members who are younger then 36 months of age through MIHS-HP. AzEIP is the payer of last resort for health care services related to developmental delays and associated medical conditions. AzEIP provides therapies for children who do not have private insurance or an AHCCCS health plan to cover these services.

Maricopa Health Plan (MHP) or Maricopa Long-Term Care Plan (MLTCP) members younger then 36 months of age with developmental delays and associated medical conditions must receive all medically necessary services from MIHS Health Plans. These services include health care, diagnostic services, treatment, and speech and therapy services as required by Section 1905r of the Social Security Act.

AzEIP will provide non-medically necessary services for MHP and MLTCP members such as family education, counseling, social work, home visits and service coordination. AzEIP services supplement, but do not replace EPSDT services. Providers may refer patients who can benefit from these non-medically necessary services to AzEIP.

For medically necessary services that need to be Prior Authorized, please fax an Outside Service Request form with the appropriate medically necessary services requested to MIHS, Medical Services Department at fax # 602-344-8706.

If you have any questions about EPSDT or early intervention services please call Pat Hardiman, MIHS EPSDT Coordinator at 602-344-8311.

Vaccine For Children Program (VFC)

MIHS-HP and AHCCCS require all PCPs who provide care for EPSDT members to be enrolled in the Arizona Department of Health Services (ADHS) Vaccine For Children (VFC) Program. Providers must keep their VFC application current and comply with all VFC rules and regulations regarding the handling and distribution of the free vaccines to VFC eligible members. For more information regarding the VFC Program please contact Becky Burkhart of the ADHS-VFC Program at 602-230-5832.

Oral Health Screenings by PCPs

PCPs should do an oral health screening as part of the routine EPSDT visit. Depending on the results of the screening, the PCP should refer the member to a dentist for appropriate care. AHCCCS recommends the following timeframes: 1) Urgent-Within 24 Hours based on pain, infection, swelling and/or soft tissue ulceration of approximately 2 weeks or more, 2) Early- Within 3 Weeks based on decay without pain, spontaneous bleeding of the gums and/or suspicious white or red tissue areas, and 3) Routine-Next regular check-up based on none of the previously listed problems being identified. The PCP should document the dental referral on the

EPSDT Tracking Form. EPSDT members are also allowed self-referral for dental care within the MIHS-HP network

Behavioral Health Referrals

The MIHS-HP EPSDT staff reviews all EPSDT Tracking Forms within 5 days of receipt from the PCP. Many referrals are made each month to the MIHS-HP CRS and Behavioral Health Coordinators for follow-up services. The AHCCCS required standardized EPSDT Tracking Forms have two areas where a PCP can identify an EPSDT member ages 3-20 in need of Behavioral Health Services. Children have inadvertently been referred for Behavioral Health Services when the incorrect box on the form is checked. Here is a sample of the section of the Tracking Form that requires careful attention to make sure only children in need of services are referred to Behavioral Health:

DEVELOPMENTAL ASSESSMENT Age appropriate? ( ) Yes ( ) No

BEHAVIORAL HEALTH ASSESSMENT Referral indicated? ( ) Yes ( ) No

Providers can assist MIHS-HP by making sure to check the Behavioral Health Referral Indicated section only when they want to request Behavioral Health Services for a member. The MIHS-HP Behavioral Health Unit staff attempt to contact all members identified by their PCP as needing Behavioral Health Services to provide appropriate referral resources and follow-up tracking to make sure the needed care is received.

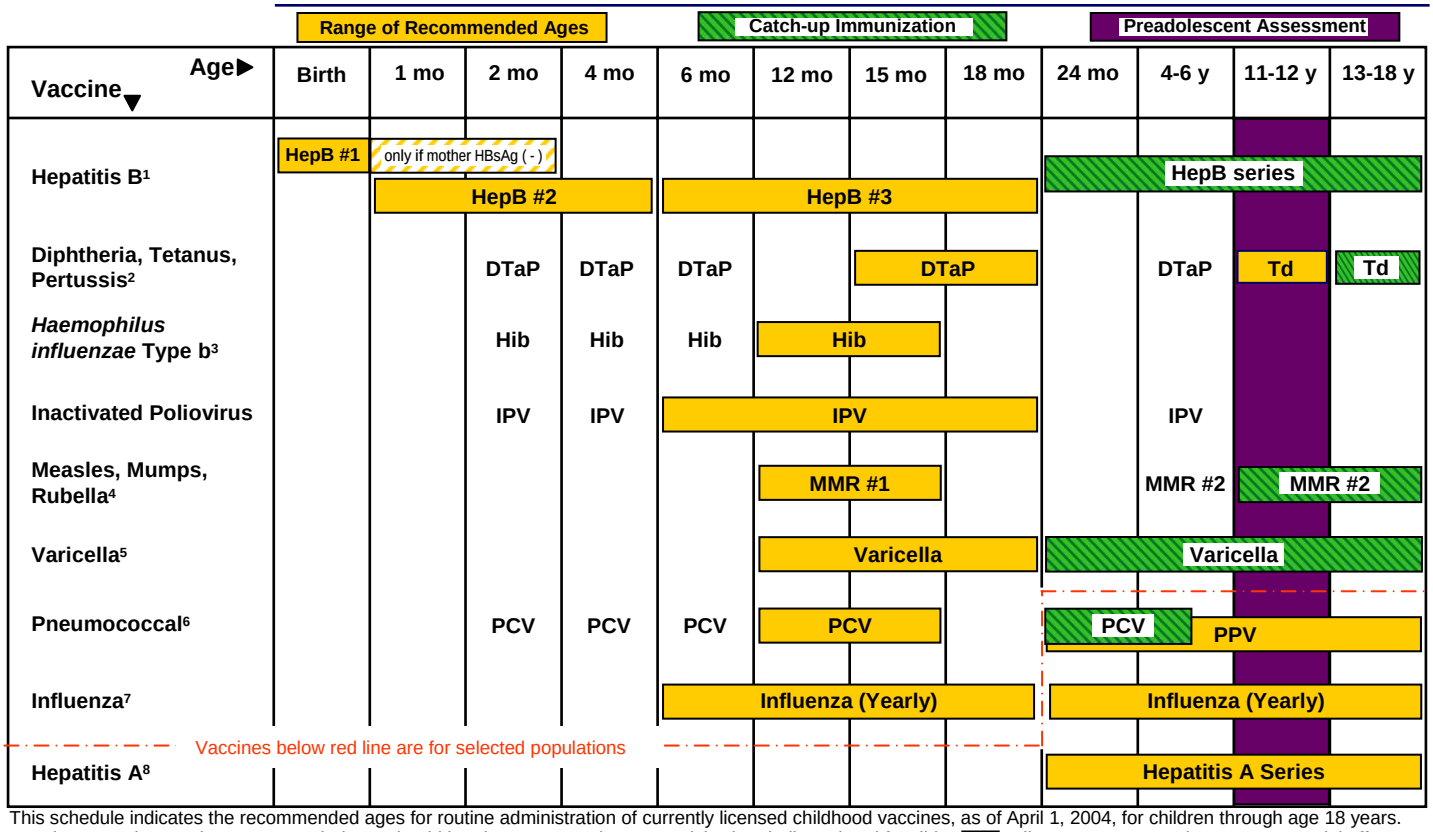
If you have EPSDT questions or need assistance please contact the MIHS-HP EPSDT staff:

EPSDT Coordinator: **602-344-8311**
For EPSDT Program issues
Well Baby 0-15 Months Visits
Immunization Incentive Program

EPSDT Outreach Worker: **602-344-8358**
For Well Child 3,4,5 and 6 Year Old Visits
Well Care Visits for Adolescents

EPSDT Dental Outreach Worker: **602-344-8863**
Dental Preventative Screening and Treatment Visits
Dental Incentive Program

Recommended Childhood and Adolescent Immunization Schedule
United States · July–December 2004



This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of April 1, 2004, for children through age 18 years. Any dose not given at the recommended age should be given at any subsequent visit when indicated and feasible. Indicates age groups that warrant special effort to administer those vaccines not previously given. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and the vaccine's other components are not contraindicated. Providers should consult the manufacturers' package inserts for detailed recommendations. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form can be found on the Internet: www.vaers.org or by calling 800-822-7967.

1. Hepatitis B (HepB) vaccine. All infants should receive the first dose of hepatitis B vaccine soon after birth and before hospital discharge; the first dose may also be given by age 2 months if the infant's mother is hepatitis B surface antigen (HBsAg) negative. Only monovalent HepB can be used for the birth dose. Monovalent or combination vaccine containing HepB may be used to complete the series. Four doses of vaccine may be administered when a birth dose is given. The second dose should be given at least 4 weeks after the first dose, except for combination vaccines which cannot be administered before age 6 weeks. The third dose should be given at least 16 weeks after the first dose and at least 8 weeks after the second dose. The last dose in the vaccination series (third or fourth dose) should not be administered before age 24 weeks.

Infants born to HBsAg-positive mothers should receive HepB and 0.5 mL of Hepatitis B Immune Globulin (HBIG) within 12 hours of birth at separate sites. The second dose is recommended at age 1–2 months. The last dose in the immunization series should not be administered before age 24 weeks. These infants should be tested for HBsAg and antibody to HBsAg (anti-HBs) at age 9–15 months.

Infants born to mothers whose HBsAg status is unknown should receive the first dose of the HepB series within 12 hours of birth. Maternal blood should be drawn as soon as possible to determine the mother's HBsAg status; if the HBsAg test is positive, the infant should receive HBIG as soon as possible (no later than age 1 week). The second dose is recommended at age 1–2 months. The last dose in the immunization series should not be administered before age 24 weeks.

2. Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine. The fourth dose of DTaP may be administered as early as age 12 months, provided 6 months have elapsed since the third dose and the child is unlikely to return at age 15–18 months. The final dose in the series should be given at age ≥4 years. **Tetanus and diphtheria toxoids (Td)** is recommended at age 11–12 years if at least 5 years have elapsed since the last dose of tetanus and diphtheria toxoid-containing vaccine. Subsequent routine Td boosters are recommended every 10 years.

3. *Haemophilus influenzae* type b (Hib) conjugate vaccine. Three Hib conjugate vaccines are licensed for infant use. If PRP-OMP (PedvaxHIB or ComVax [Merck]) is administered at ages 2 and 4 months, a dose at age 6 months is not required. DTaP/Hib combination products should not be used for primary immunization in infants at ages 2, 4 or 6 months but can be used as boosters following any Hib vaccine. The final dose in the series should be given at age ≥12 months.

4. Measles, mumps, and rubella vaccine (MMR). The second dose of MMR is recommended routinely at age 4–6 years but may be administered during any visit, provided at least 4 weeks have elapsed since the first dose and both doses are administered beginning at or after age 12 months. Those who have not previously received the second dose should complete the schedule by the visit at age 11–12 years.

5. Varicella vaccine. Varicella vaccine is recommended at any visit at or after age 12 months for susceptible children (i.e., those who lack a reliable history of chickenpox). Susceptible persons age ≥13 years should receive 2 doses, given at least 4 weeks apart.

6. Pneumococcal vaccine. The heptavalent **pneumococcal conjugate vaccine (PCV)** is recommended for all children age 2–23 months. It is also recommended for certain children age 24–59 months. The final dose in the series should be given at age >12 months. **Pneumococcal polysaccharide vaccine (PPV)** is recommended in addition to PCV for certain high-risk groups. See *MMWR* 2000;49(RR-9):1-35.

7. Influenza vaccine. Influenza vaccine is recommended annually for children aged ≥6 months with certain risk factors (including but not limited to asthma, cardiac disease, sickle cell disease, HIV, and diabetes), healthcare workers, and other persons (including household members) in close contact with persons in groups at high risk (see *MMWR* 2004;53;[RR-6]:1-40) and can be administered to all others wishing to obtain immunity. In addition, healthy children aged 6–23 months and close contacts of healthy children aged 0–23 months are recommended to receive influenza vaccine, because children in this age group are at substantially increased risk for influenza-related hospitalizations. For healthy persons aged 5–49 years, the intranasally administered live, attenuated influenza vaccine (LAIV) is an acceptable alternative to the intramuscular trivalent inactivated influenza vaccine (TIV). See *MMWR* 2004;53;[RR-6]:1-40. Children receiving TIV should be administered a dosage appropriate for their age (0.25 mL if 6–35 months or 0.5 mL if ≥3 years). Children aged ≤8 years who are receiving influenza vaccine for the first time should receive 2 doses (separated by at least 4 weeks for TIV and at least 6 weeks for LAIV).

8. Hepatitis A vaccine. Hepatitis A vaccine is recommended for children and adolescents in selected states and regions and for certain high-risk groups; consult your local public health authority. Children and adolescents in these states, regions, and high-risk groups who have not been immunized against hepatitis A can begin the hepatitis A immunization series during any visit. The 2 doses in the series should be administered at least 6 months apart. See *MMWR* 1999;48(RR-12):1-37.

For additional information about vaccines, including precautions and contraindications for immunization and vaccine shortages, please visit the National Immunization Program Web site at www.cdc.gov/nip/ or call the National Immunization Information Hotline at 800-232-2522 (English) or 800-232-0233 (Spanish).

Approved by the Advisory Committee on Immunization Practices (www.cdc.gov/nip/acip), the American Academy of Pediatrics (www.aap.org), and the American Academy of Family Physicians (www.aafp.org).

For Children and Adolescents Who Start Late or Who Are >1 Month Behind

The tables below give catch-up schedules and minimum intervals between doses for children who have delayed immunizations. There is no need to restart a vaccine series regardless of the time that has elapsed between doses. Use the chart appropriate for the child's age.

Catch-up schedule for children age 4 months through 6 years

Dose 1 (Minimum Age)	Minimum Interval Between Doses			
	Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
DTaP (6 wk)	**4 wk**	**4 wk**	**6 mo**	**6 mo**[1]
IPV (6 wk)	**4 wk**	**4 wk**	**4 wk**[2]	
HepB[3] (birth)	**4 wk**	**8 wk** (and 16 wk after first dose)		
MMR (12 mo)	**4 wk**[4]			
Varicella (12 mo)				
Hib[5] (6 wk)	**4 wk:** if first dose given at age <12 mo **8 wk (as final dose):** if first dose given at age 12-14 mo **No further doses needed:** if first dose given at age ≥15 mo	**4 wk**[6]**:** if current age <12 mo **8 wk (as final dose)**[6]**:** if current age ≥12 mo and second dose given at age <15 mo **No further doses needed:** if previous dose given at age ≥15 mo	**8 wk (as final dose):** this dose only necessary for children age 12 mo–5 y who received 3 doses before age 12 mo	
PCV[7]**:** (6 wk)	**4 wk:** if first dose given at age <12 mo and current age <24 mo **8 wk (as final dose):** if first dose given at age ≥12 mo or current age 24-59 mo **No further doses needed:** for healthy children if first dose given at age ≥24 mo	**4 wk:** if current age <12 mo **8 wk (as final dose):** if current age ≥12 mo **No further doses needed:** for healthy children if previous dose given at age ≥24 mo	**8 wk (as final dose):** this dose only necessary for children age 12 mo–5 y who received 3 doses before age 12 mo	

Catch-up schedule for children age 7 through 18 years

Minimum Interval Between Doses		
Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Booster Dose
Td: **4 wk**	**Td:** **6 mo**	**Td**[8]**:** **6 mo:** if first dose given at age <12 mo and current age <11 y **5 y:** if first dose given at age ≥12 mo and third dose given at age <7 y and current age ≥11 y **10 y:** if third dose given at age ≥7 y
IPV[9]**:** **4 wk**	**IPV**[9]**:** **4 wk**	**IPV**[2,9]
HepB: **4 wk**	**HepB:** **8 wk** (and 16 wk after first dose)	
MMR: **4 wk**		
Varicella[10]**:** **4 wk**		

1. **DTaP:** The fifth dose is not necessary if the fourth dose was given after the fourth birthday.
2. **IPV:** For children who received an all-IPV or all-oral poliovirus (OPV) series, a fourth dose is not necessary if third dose was given at age ≥4 years. If both OPV and IPV were given as part of a series, a total of 4 doses should be given, regardless of the child's current age.
3. **HepB:** All children and adolescents who have not been immunized against hepatitis B should begin the HepB immunization series during any visit. Providers should make special efforts to immunize children who were born in, or whose parents were born in, areas of the world where hepatitis B virus infection is moderately or highly endemic.
4. **MMR:** The second dose of MMR is recommended routinely at age 4 to 6 years but may be given earlier if desired.
5. **Hib:** Vaccine is not generally recommended for children age ≥5 years.
6. **Hib:** If current age <12 months and the first 2 doses were PRP-OMP (PedvaxHIB or ComVax [Merck]), the third (and final) dose should be given at age 12 to 15 months and at least 8 weeks after the second dose.
7. **PCV:** Vaccine is not generally recommended for children age ≥5 years.
8. **Td:** For children age 7 to 10 years, the interval between the third and booster dose is determined by the age when the first dose was given. For adolescents age 11 to 18 years, the interval is determined by the age when the third dose was given.
9. **IPV:** Vaccine is not generally recommended for persons age ≥18 years.
10. **Varicella:** Give 2-dose series to all susceptible adolescents age ≥13 years.

Reporting Adverse Reactions
Report adverse reactions to vaccines through the federal Vaccine Adverse Event Reporting System. For information on reporting reactions following immunization, please visit www.vaers.org or call the 24-hour national toll-free information line (800) 822-7967.

Disease Reporting
Report suspected cases of vaccine-preventable diseases to your state or local health department.

For additional information about vaccines, including precautions and contraindications for immunization and vaccine shortages, please visit the National Immunization Program Web site at www.cdc.gov/nip or call the National Immunization Information Hotline at 800-232-2522 (English) or 800-232-0233 (Spanish).